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EFS ID: 42811
Application ID: 09872526
Title of Invention: APPARATUS AND METHOD FOR
TISSUE REMOVAL
First Named Inventor: PETER BONUTTI
Domestic/Foreign Application: Domestic Application
Filing Date: 2001-06-01
Effective Receipt Date: 2003-07-02
Submission Type: Information Disclosure
Statement
Filing Type:
Confirmation number: 3309
Attorney Docket Number: 780-A02-014-7



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JUL 14 2003
TECHNOLOGY CENTER R3700

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Deposit Account Name: PAUL BIANCO
Access Code: ****
RAM Payment Status: RAM success
RAM User ID: EFSPROD
RAM Accounting Date: 2003-07-02
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Digital Certificate Holder: cn=Paul David Bianco,ou=Registered Attorneys,ou=Patent and
Trademark Office,ou=Department of Commerce,o=U.S. Government,c=US
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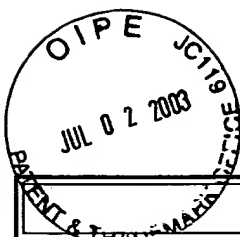
**TRANSMITTAL**

Electronic Version v1.1

Stylesheet Version v1.1.0

Title of Invention	APPARATUS AND METHOD FOR TISSUE REMOVAL															
<div>Application Number: 09/872526</div> <div>Date: 2001-06-01</div> <div>First Named Applicant: Dr. PETER M BONUTTI</div> <div>Confirmation Number: 3309</div> <div>Attorney Docket Number: 780-A02-014-7</div> <div>RECEIVED JUL 14 2003 TECHNOLOGY CENTER R3700</div>																
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<table border="1"><thead><tr><th>Submitted by:</th><th>Elec. Sign.</th><th>Sign. Capacity</th></tr></thead><tbody><tr><td>Mr. PAUL D BIANCO Registered Number: 43,500</td><td>/Paul D. Bianco/</td><td>Attorney</td></tr></tbody></table>			Submitted by:	Elec. Sign.	Sign. Capacity	Mr. PAUL D BIANCO Registered Number: 43,500	/Paul D. Bianco/	Attorney								
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Comments



FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

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<p>Application Number: 09/872526 Date: 2001-06-01 First Named Applicant: Dr. PETER M BONUTTI Attorney Docket Number: 780-A02-014-7 Art Unit: 3731 Examiner: Mr. DANIEL J DAVIS</p> <p style="text-align: right;">RECEIVED JUL 14 2003 TECHNOLOGY CENTER R3700</p>											
TOTAL FEE AUTHORIZED \$180 Patent fees are subject to annual revisions on or about October 1st of each year.											
BASIC FILING FEE											
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Submission Of Information Disclosure Stmt Fee</td><td>1806</td><td>180</td><td>180</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Submission Of Information Disclosure Stmt Fee	1806	180	180
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AUTHORIZED BILLING INFORMATION The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit account number: 500601 Access Code: **** Deposit name: FLEIT KAIN GIBBONS GUTMAN Deposit authorized name: PAUL BIANCO Signature: /Paul D. Bianco/ Date (YYYYMMDD): 2003-07-02 Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.											